



STATE OF TENNESSEE

HEALTH RELATED BOARDS OFFICE OF INVESTIGATIONS

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

TO: Any and all treating physicians or facilities

This document authorizes any and all licensed health care practitioners, including but not limited to: physicians, psychiatrist, psychologist, nurses, therapists, social workers, counselors, dentists, chiropractors, podiatrists, optometrists, hospitals, clinics, laboratories, emergency medical attendants and other persons who have participated in providing any care or service to me, to discuss any communication, whether confidential or privileged, and to provide full and complete patient reports and records justifying the course of treatment including but not limited to: patient histories, x-rays, examination and test results, reports or information prepared by other persons that may be in your possession and all financial records, to the Tennessee Department of Health Office of Investigations (or any official representative of the Office).

This document authorizes the loan of any of the aforementioned reports and information to the Office of Investigations (or any official representative of the Office) for reproduction, investigation or other use.

Patient Signature

D.O.B.

Social Sec. No.

Date

Authorized Person Other Than Patient

Relationship

Return to:

